

JUNE 2024



FORCE REPORT

17TH FORCE MASTER CHIEF PATRICK PAUL "PaP" MANGARAN
DIRECTOR OF THE HOSPITAL CORPS

The month of May started off with the Deputy Surgeon General's Prospective Commanding Officers, Prospective Executive Officers, and Prospective Command Master Chiefs Orientation Course at the Defense Health Headquarters. The orientation was a significant opportunity for Navy Medicine leaders to welcome our new TRIADs on past and present initiatives within Navy Medicine. Both sides of the classroom engaged in robust discussions, laying the groundwork for future success within BUMED. The energy and enthusiasm was evident in each of the conversations and panels throughout the week, and was a significant stepping stone toward building stronger, more cohesive teams.

The momentum continued the following week as we welcomed over 200 commanding officers and command master chiefs to the Surgeon General's Leadership Symposium. The gathering was pivotal, with the Surgeon General providing updates on the status and recent developments across his four lines of effort. New initiatives were highlighted, underscoring our continuous drive for innovation and excellence. Our conference was graced by several esteemed guests, including the Chief of Naval Operations, Admiral Lisa Franchetti, the Master Chief Petty Officer of the Navy, the Deputy Commander for Marine Corps Combat Development and Integration, and representatives from Culture of Excellence 2.0. Their presence and insights added a layer of depth and perspective, reinforcing the collaborative spirit essential for our collective success.

My team also had the pleasure of welcoming another class for the Executive Medical Department Enlisted Course (EMDEC). The attendees were treated to an enriching experience, not only meeting our BUMED staff but also engaging with leaders such as the U.S. Marine Corps Forces Pacific Command Master Chief (CMC), the Naval Medical Forces and Development Command CMC, the I Marine Expeditionary Force CMC, the new Naval Medical Forces Pacific CMC, and the Naval Medical Forces Atlantic CMC. Their words of wisdom on leadership and perseverance resonated deeply, inspiring all to strive for the top.





In that same week, I had the honor of participating as a guest speaker in Naval Medical Center San Diego's Patient Care Experience Week Celebration online, where I shared my personal journey as a patient of Navy Medicine. From my hometown of Balboa, California, to my children and family receiving care for decades, the exceptional care my family and I have received is a testament to the dedication and excellence of Navy Medicine. The journey continued as later on that month my family and I received exceptional care on the other side of the coast, from A. T. Augusta Military Medical Center, Navy Medicine Readiness and Training Command (NMRTC) Quantico and NMRTC Bethesda, receiving top-notch healthcare. The commitment to quality and compassion we have experienced reinforces the critical role Navy Medicine plays in our lives, and I am immensely grateful for the exceptional care we have received.

As the month progressed, it became increasingly evident that while we push forward in our professional endeavors, we must not neglect our health. The challenges we face, both seen and unseen, demand that we prioritize our well-being. In light of this, I took personal leave to be with my family on the West Coast, celebrating my daughter's graduation – a milestone that reminded me of the importance of balancing duty with personal life.

To all of you who have celebrated similar milestones, I extend my heartfelt congratulations. Your dedication at work and at home is commendable. Take a moment to applaud yourselves and acknowledge the incredible job you've done. In closing, let us carry forward the lessons learned and the camaraderie built over the past month. Together, we will continue to build a resilient, high-performing Navy Medicine team. Stay strong, stay healthy, and keep pushing the boundaries of excellence.

As always, Stay Motivated, Stay Hydrated, and Change Your Socks.



CAREER COUNSELOR CORNER

Navy-Wide Apprentice (E1-E4) Advancement Changes:



Starting July 1, 2024 all E-1 to E-4 Sailors will be part of apprentice advancement alignment. What does this mean for you? Sailors will now be advanced from E-1 to E-4 based on their time in service (TIS) and there will no longer be advancement quotas for E-4.

TIS for advancement is as follows: E-1 to E-2: 9 Months TIS - E-2 to E-3: 18 Months TIS - E-3 to E-4: 30 Months TIS. The Fall 2023 advancement cycle will look different as the Navy transitions. The Fall 2023 cycle will have greatly increased quotas for historically slow-advancing rates.

Q. What is apprentice advancement alignment?

A. Apprentice advancement alignment is a change in the advancement of Sailors in the apprentice ranks (E-1 to E-4). Sailors will now be advanced from E-1 to E-4 based on their TIS. This new policy is the first step in aligning the apprentice payband (E-1 to E-4) to support the Navy's shift to Billet Based Advancement (BBA).

Q. What are the time-in-service requirements?

A. TIS requirements are as follows:

E-1 to E-2: 9 months TIS

E-2 to E-3: 18 months TIS

E-3 to E-4: 30 months TIS

Q. Will Sailors who obligated for additional service in order to promote to E-4 still promote?

A. Yes. Sailors who have already obligated additional service to advance to E-4 will still advance in accordance with their contract.

Q. If a Sailor has been an E-3 for more than 30 months at the time of the announcement, will they automatically advance to E-4?

A. Yes. To reduce the number of Sailors advanced at once, the Navy will use the final quota-based advancement cycle for E-4 advancement to start phasing in advancements weighted heavily towards time in service. Starting on July 1, 2024, all Sailors that have surpassed the TIS requirement for E-4 and maintained their CO's recommendation for advancement will be advanced to E-4.

Q. Will Sailors be eligible for benefits of E-4s the day they are advanced?

A. They will be eligible and pay transmittals will be effective the next pay period.

Q. How long do I have to serve in total before I am advanced to E-4?

A. Advancement to E-4 requires 30 accumulative months of service regardless of entry rank or time in rating. MAP to E-4 for top-performing Sailors will be authorized. Additional guidance will be provided in advance of each MAP season.

Q. When will I advance if I joined the service as an E-2 or E-3 due to JROTC, college degree, etc.?

A. Total time-in-service (TIS) to advance to E-4 is 30 months for all Sailors regardless of entry rank. A Sailor who joins as an E-2 will advance to E-3 after 18 months TIS and then to E-4 at 30 months total TIS. A Sailor who joins as an E-3 will advance to E-4 at 30 months total TIS. An example is a Sailor joins as an E-3 on Sept 1, 2024 – they will be an E-4 on March 1, 2027.

PLAN^{OF THE} MONTH

Your Leadership Tool for Communicating Internally



JULY 2024

IMPORTANT DATES:

Feb. 1- Nov. 30	CY24 PRT Cycle
July 4	Independence Day

DEADLINES:

July 1	Seaman-to-Admiral (STA-21) Applications Due
July 24	Seaman-to-Admiral (STA-21) All Documentation Due
Sept. 26	2024 Application Deadline for TA and NCPACE
Sept. 30	Enlisted to Medical Degree Preparatory Program (EMDP2) Applications Due
Oct. 31	National Intelligence University AY 25-26 Cohort Applicants Deadline for Detailer Release

SPOTLIGHT

Command Advance to Position (CA2P)

Command Advance to Position (CA2P) will replace the seasonal Meritorious Advancement Program (MAP) for Navy-wide promotions to E-5 and E-6 over the next two calendar years. CA2P allows commanders to fill open billets in any rating (except nuclear) by recommending deserving Sailors for advancement to the corresponding pay grade. Details about CA2P and how Sailors can benefit are available in [NAVADMIN 111/24](#).



NAVY CULTURE



CNO's Reading List

Calling all Warfighters! Dive into [CNO Franchetti's Reading List](#) and discover thought-provoking books that will inspire and challenge you. Explore leadership, history, and personal development through the lens of warfighting. Need a starting point? Take a look at these books:

- "The Boys in the Boat" by Daniel James Brown
- "War Transformed" by Mick Ryan
- "Engineers of Victory" by Paul Kennedy
- "Winning a Future War" by Norman Friedman

PROFESSIONAL DEVELOPMENT

FY25 Enlisted to Medical Degree Preparatory Program (EMDP2)

Are you interested in going to medical school? The Enlisted to Medical Degree Preparatory Program (EMDP2) is a two-year, full-time education curriculum for enlisted military members to prepare for medical school applications. Selectees will be immersed in classroom instruction, MCAT preparation, and clinical experiences. Students will also receive orders to be a part of the Uniformed Services University of the Health Sciences and remain on active duty. [Applications](#) for FY25 enrollment are due Sept. 30, 2024.



PREPARED BY
Navy Office of Information

CONTINUED >>>>

MONEY MATTERS

CY2025 Blended Retirement Continuation Pay

NAVADMIN 104/24 announced the continuation pay rates for CY25 under the Blended Retirement System (BRS). Continuation pay is a direct cash payout, like a bonus, available to active-duty and reserve members in a pay status between their eighth and 12th years of service. The CY25 bonus is two and a half times the monthly basic pay for active-duty sailors. To qualify for continuation pay, sailors must opt-in via NSIPS before reaching their 12th year of service. For more details, view the [continuation pay rate memo](#).



HEALTH & WELLNESS

Physical Readiness Program Update

Build great people, leaders, and teams with the physical readiness program (PFA)! The physical readiness program is modernizing its approach to better align with the Culture of Excellence 2.0 initiatives. The updated changes include removing mandatory significant problem comments and administrative actions concerning physical readiness program failures. Learn more about the PFA policy changes to enlisted evaluations and officer fitness reports on [MyNavy HR](#).



FAMILY RESOURCES



Plan My Deployment (Military OneSource)

Plan My Deployment is a comprehensive guide to preparing for and navigating upcoming deployments for Sailors and their families. Access detailed task checklists, valuable resources, and informative articles to prepare for each phase in the cycle: Pre-deployment, Deployment, Reunion, and Reintegration. This resource supports keeping families connected, assisting children through deployment, and preparing for sailors' return home. For more information, visit [Military OneSource](#) today.

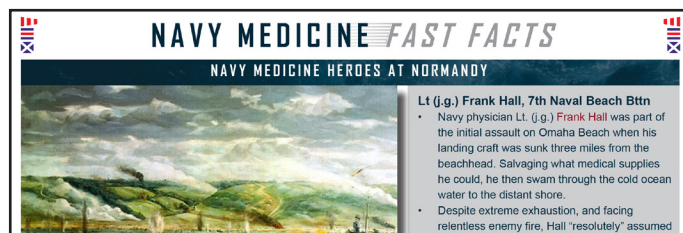
RESOURCE SPOTLIGHT

Navy-Marine Corps Relief Society

The Navy-Marine Corps Relief Society is a nonprofit organization that provides assistance to active-duty and retired Sailors, Marines and their families in financial need. [Quick Assist Loans](#) up to \$1,000 are available to eligible active-duty members who apply. No appointment is required, and the application process takes about 15 minutes.



NAVY-MARINE CORPS
RELIEF SOCIETY



NAVY MEDICINE FAST FACTS

June 2024

This document serves as a comprehensive and engaging resource showcasing the diverse career paths, impactful contributions, and unique culture of Navy Medicine. Fast Facts highlights the outstanding achievements and contributions of Navy Medicine personnel and serves as a reference to succinctly communicate the Navy Medicine mission and priorities. Download the latest issue [HERE](#)

DEFENSE HEALTH AGENCY

DHA Academy



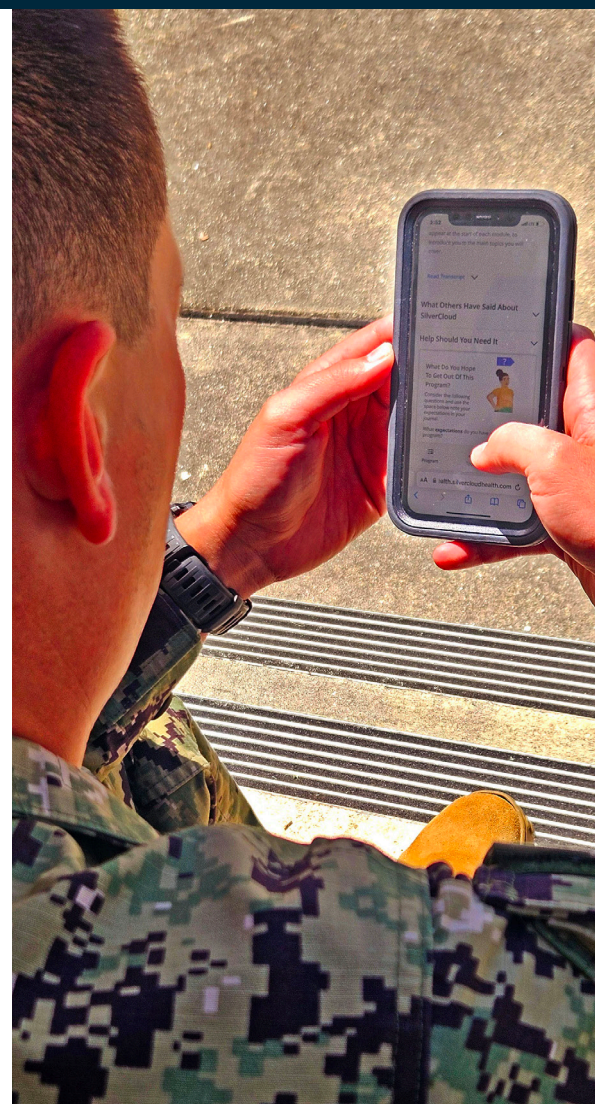
Naval Hospital (NH) Jacksonville is one of five military medical treatment facilities chosen to help the Defense Health Agency (DHA) design and implement a new health care model for military medicine. The goal is to change how patients access care and how providers deliver health care by shifting to a person-centric care model. This process will develop for the new few years, staff at each of the five sites will look for ways to improve and innovate.

“This is a ground-breaking evolution in military health,” said NH Jacksonville Director Capt. Sharon House. “For the first time ever, our providers were afforded the opportunity to give direct feedback as these programs were developed. Having first-hand knowledge of what would best fit our community and patients, we will be able to provide the best care in the future.”

DHA has invested in a suite of digital tools called My Military Health to facilitate changes in the care model and make it faster, easier and more convenient for patients to access care and their health information.

The first phase of the My Military Health implementation features a digital self-care wellness program known as SilverCloud. The platform offers on-demand access to clinically-validated, self-paced, private and judgment-free wellness programs and coaching support to boost resilience and increase the well-being of patients. SilverCloud uses cognitive-behavioral therapy programs that patients can access on their smartphones, tablets, or computers.

Read the full story [HERE](#)



MESSAGE FROM THE DETAILERS

Message from HM Detailer:

Greeting from PERS 4013 specialized placement,

We have an opportunity for E6 HM0000/L03A, and E6 L33A. If you are interested in any of the special programs listed below, please contact your detailer for billet availability.

802R – Classification Interviewer - E5-E8

803R – Production Recruiter - E4-E8

805R – Officer Recruiter - E6-E9

807A – SERE Instructor - E5-E9

808A – Basic Swimming and Water Survival Instructor - E5-E9

809A – Command Climate Specialist - E6-E9

810B – Navy Drug and Alcohol Counselor Intern - E4-E9

811A – 3M System Coordinator - E5-E9

812A – Professional Development Instructor - E5-E9

826A – Correctional Custody Specialist Ashore - E4-E9

8RDC – Recruit Company Commander - E5-E9

Greetings from PERS-407,

Introducing the newest detailers.

HMC (FMF/EXW) Kevin Thomas (L10A & L19A detailer). Replacing HMCS Jason Jacobs.

kevin.thomas63.mil@us.navy.mil

HMCS (FMF) Billy Juniel (E-7 & E-8 L03A/0000). Replacing HMCS Holly Mason.

billy.r.juniel@navy.mil





NEC SPOTLIGHT

AEROSPACE PHYSIOLOGY TECHNICIAN – L07A

Aerospace Physiology Technicians (APT) work as technical assistants to Aerospace Physiologists at Aviation Survival Training Centers (ASTC) and at Navy and Marine Corps aviation commands. They provide instruction to aircrew and non-aircrew personnel in aviation physiology, spatial disorientation, emergency egress systems, personal protective equipment, and water survival techniques. APT's serve as high-risk instructors during aviation and water survival training operations and maintain training devices unique to ASTC's. As Aeromedical Safety Corpsmen (AMSC) stationed with a Navy Air Wing or Marine Air Group or Wing, aerospace physiology technicians assist in the Fleet Air Introduction Liaison and Survival Aircrew Flight Equipment program of aircrew personal/survival equipment and serve as the leading Naval subject matter experts in aviation night vision devices. Additionally, APT's serve as survival radio experts as well as the frontline support of physiological events and aviation mishaps.

Incentives:

- Earn the Master Training Specialist qualifications at Aviation Survival Training Centers.
- The ability to fly in Navy and Marine Corps aircraft and have the opportunity to qualify as an Aerial Observer which entitles the member to flight pay/hazard duty pay.
- Education Incentives: APT C-School is newly college accredited, and graduates receive upwards of 28 credits.

Enlisted Technical Leader:

HM1 Robert Zaruba
Robert.zaruba@usmc.mil

For more information, contact your Command Career Counselor or visit [MyNavyHR.Navy.mil](https://www.mynavyhr.navy.mil)



COMMAND IN THE SPOTLIGHT

USNMRTC NAPLES

U.S. Navy Medicine Readiness and Training Command (USNMRTC) Naples, Italy and its two detachments – U.S. Navy Medicine Readiness and Training Unit Capodichino and U.S. Navy Fleet Liaison Detachment, Landstuhl Regional Medical Center – provide exceptional quality healthcare services and support to approximately 9,800 eligible personnel and family members from 82 tenant commands, the USS Mount Whitney (LCC 20), and forces from the 22 nations that comprise the Allied Joint Forces Command, Naples, Italy. The hospital and clinic annually perform over 84,000 patient care encounters, deliver an average of 130 babies, and execute a budget of over 20 million dollars. All staff members work tirelessly to keep warfighters in the fight.

Mission:

Forward stationed to provide superior medical services, training, and operational support.

Vision:

Be the premier military medical force in Europe and operational medical training center of excellence.

Philosophy:

There is always “time” to care in health care.

Teamwork: We work together and leverage our partnerships.

Integrity: We do the right thing no matter who is watching.

Mentorship: We invest in people, our workforce, and our future leaders.

Empowerment: Everyone adds value and stands at the ready to take the helm.

BRAVO ZULU JOB WELL DONE!



Petty Officer 3rd Class Ciara Farmer
Naval Submarine Medical Research Laboratory

Petty Officer 3rd Class Ciara Farmer is assigned as the leading petty officer for the Supply Department at Naval Submarine Medical Research Laboratory. She leads military and civilian employees in processing over 200 mission critical procurements worth over \$500k. Her department interacts with every level of the command and she ensures that all members provide top-tier customer service. She also sets the tone within her department for sustaining her Corpsman skill-set by supporting the on base medical and dental clinic with over 300 direct patient encounters which include conducting vital sign checks, scheduling, delivering health instructions, and charting patients' health data. Additionally, she is serving as a Sexual Assault Victim Advocate for the entire installation providing support, advocacy, and liaison services to eligible military and civilian sexual assault victims. Petty Officer Farmer has set the standard of how an exceptional leader should perform and was recognized by her commanding officer with a Navy achievement medal for her leadership abilities.



Hospital Corpsman 2nd Class Wund Hyppolite
Navy Liason Office Landstuhl, Germany Detachment, NMRTC Naples, Italy

Petty Officer 2nd Class Wund Hyppolite, recently supported the 80th anniversary commemoration of the Normandy Landings otherwise known as "D-Day." Hyppolite utilized his French language skills in the coordination between NCIS, American drivers and their French counterparts in the establishment and planning of the official party convoy. As a driver himself, he escorted many of the guests, including the Chief of Naval Operations and Master Chief Petty Officer of the Navy, from Paris and around the many events. He delivered the american presidential gift to the French president's security team and was active in the WWII Airborne Jump ceremony, celebrating our nation's greatest heroes. Hyppolite, during one of the most publicized events of the decade, was integral in its success and represented the very best of the Navy on the world stage.



What is Spiritual Readiness?

Spiritual readiness is the strength of spirit that enables the warfighters to accomplish the mission with honor.

Spiritual readiness describes the readiness of the individual's spirit and the ability of the command to strengthen it through religious and non-religious means, including the Command Religious Ministry Program.

Spiritual readiness speaks to the will to fight and the ability to overcome adversity in the moment of combat or crisis. The skill to fight without the will to fight leaves a hollow force.

Spiritual Readiness Facts

1) Depression – Fact: Those attending religious services at least once/week were nearly one-third (31%) less likely to develop a depressive disorder, compared to those who never attended services. Method: Researchers followed nearly 10,000 young persons (average age 23) for 3 to 6 years, examining risk of developing a depressive disorder over time. These findings were independent of at least two dozen risk factors for depression. Reference: Chen et al. (2020). Religious-service attendance and subsequent health and well-being throughout adulthood: evidence from three prospective cohorts. *International Journal of Epidemiology* 49(6), 2030-2040

2) PTSD – Fact: Frequent religious attendance predicted a nearly 30% statistically significant reduction in likelihood of developing PTSD. Method: Followed 5,681-7,458 adolescents (average age 15) for up to 14 years. Conservative statistical analyses controlled for up to two dozen other predictors, and corrected significance levels to account for multiple comparisons. Reference: Chen, Y., & VanderWeele, T.J. (2018). Associations of religious upbringing with subsequent health and well-being from adolescence to young adulthood: an outcome- wide analysis. *American Journal of Epidemiology*, 187(11), 2355-2364

3) Suicide – Fact: Those attending religious services at least twice per month have a 94% reduction in the likelihood of committing suicide. Method: an 18-year prospective study from 1988/1994 to 2006 involving a random U.S. national sample of 20,014 persons age 18 years or over (NHANES-III) Reference: Kleiman, E. M., & Liu, R. T. (2014). Prospective prediction of suicide in a nationally representative sample: religious service attendance as a protective factor. *British Journal of Psychiatry*, 204(4), 262-266.

4) Alcohol Use/Abuse/Dependence – Fact: People who are actively religious have a 34% reduction in likelihood of having a lifetime Alcohol Use Disorder (AUD) and a 72% lower likelihood of having a current AUD. Method: Cross-sectional study of nationally representative sample of 3,151 U.S. Veterans; multivariable logistic regression analyses controlling for age, gender, race, employment status, household income, military enlistment status, branch of service, number of years in the military. Reference: Sharma, V., Marin, D. B., Koenig, H. G., Feder, A., Iacoviello, B. M., Southwick, S. M., & Pietrzak, R. H. (2017). Religion, spirituality, and mental health of US military veterans: Results from the National Health and Resilience in Veterans Study. *Journal of Affective Disorders*, 217, 197-204.

5) Illicit Drug Use – Fact: For people who see religion as very important, there is a more than 50% reduction in the likelihood of developing a substance use disorder. Method: Followed for 18 months a national random sample of 474 U.S. adolescents ages 11-16 after a formal Child Protective Services investigation for child abuse/neglect. Reference: Lalayants, M., Oyo, A., & Prince, J. D. (2020). Religiosity and outcomes among child welfare-involved youth. *Child and Adolescent Social Work Journal*, 37(3), 251-261.

FAIR WINDS AND FOLLOWING SEAS

HMI	JOHNSON ANDREW JACOB	HMC	HONNOLL RYAN EVAN	HMCS	SLOANE MILTON WHITNEY
HMI	CARR TANYA MARIE	HMC	AKINBOWALE ABRAHAM A	HMCS	FERRI KRISTIN MICHELLE
HMI	COLEDA JOHN	HMC	GAONA ROBERTO DANIEL	HMCS	HOCHHEIMER JAMES JOHN
HMI	AYERS DALYN LEE	HMC	ROSETE ALLAN CASTILLO	HMCS	SCHLUNSEN MARY ISABEL
HMI	ALIGWEKWE EMMANUEL CHUKWUEM	HMC	RILEY HASADN DONELL	HMCS	TAYSON DEREK RUSTIA
HMI	SALAZAR ALYSSA MARIE	HMC	SARRO JARED DOUGLAS	HMCS	GARDINER RYAN GREGORY
HMI	UREY SCOTT FRANKLIN	HMC	SCHNEEMAN ELIZABETH ANN	HMCS	NARANJO ANDRES MIGUEL
HMI	BEEBE RAYMUNDO DAWSON	HMC	JOHNSON TYLER ELLIOT	HMCS	SMITH OCTAVIUS ANTONIO
HMI	NEELY LARRY ODELL	HMC	ROBERTS FELICIA LEANNA	HMCS	CARDENAS EDDY RAY
HMI	USLER BRIAN ARTHUR	HMC	MAYFIELD NATASHA DIONE	HMCS	VASQUEZ JOHN DANGCA
HMI	CLARKSON HAKIEM BURNETT	HMC	SPRINGER MISHAEL ANSLEM	HMCS	CASASFLORES ERIC ENOC
HMI	WYCKA TIMOTHY PATRICK	HMC	PERKINS MARC DOUGLAS	HMCS	SILVEUS ZACHARY IAN
HMI	EDWARDS VINCE ALEXANDERBERT	HMC	ASHMON ALICIA RENEE	HMCS	WHITAKER STARLEEN GWEN
HMI	VINZANT KYLE BENNO	HMC	GERVASI ANTHONY JOSEPH	HMCS	ARAGON JESSICA LARAE
HMI	UGBAH ARINZE IKEMEFUNA	HMC	HOLSCHER JOHN HERBERT	HMCS	TWITTY SHELLAREE SHERISE
HMI	BEAVIS PATRICIA JEAN	HMC	MCINTYRE YLEANA DIAZ	HMCM	MEDINA MIGUEL JR
HMC	MCNETT MICHAEL GEORGE	HMCS	CRAWFORD DAVID FRANCIS		

For many years these Sailors stood the watch.

While some of us were in our bunks at night these Sailors stood the watch.

While some of us were in school learning our trade these shipmates stood the watch.

Yes.. even before some of us were born into this world these shipmates stood the watch.

In those years when the storm clouds of war were seen brewing on the horizon of history these shipmates stood the watch. Many times they would cast an eye ashore and see their family standing there, needing their guidance and help, needing that hand to hold during those hard times but they still stood the watch.

They stood the watch for twenty years or more. They stood the watch so that we, our families and our fellow countrymen could sleep soundly in safety, each and every night, knowing that a Sailor stood the watch. Today we are here to say, Shipmates the watch stands relieved. Relieved by those you have trained, guided, and led. Shipmates you stand relieved.

WE HAVE THE WATCH



FALLEN, BUT NEVER FORGOTTEN

Hospitalman William Ortega

23, of Miami, Florida, died June 18, 2010, of wounds from an IED blast while conducting combat operations in Helmand Province, Afghanistan. Doc Ortega was assigned to 3rd Battalion, 1st Marine Regiment, 1 Marine Division, I Marine Expeditionary Force.

Hospitalman Dustin Kelby Burnett

19, of Fort Mohave, Arizona, died June 20, 2008, while conducting combat operations in Farah Province, Afghanistan. Doc Burnett was assigned to First Marine Division Detachment, Twentynine Palms, California.

Hospitalman Marc A Retmier

19, of Hemet California, died June 18, 2008, of wounds sustained in a rocket attack in northern Paktika Province, Afghanistan. Doc Retmier was assigned to Provincial Reconstruction Team, Sharana, in Afghanistan.

Hospitalman Zachary M. Alday

22, of Donalsonville, Georgia, died June 9, 2006, from injuries sustained earlier in the day when the vehicle in which he was riding struck a land mine. His unit was conducting combat operations against enemy forces in the Al Anbar Province of Iraq. Doc Alday was assigned to the 1st Battalion, 7th Marines, 7th Regimental Combat Team, 1st Marine Expeditionary Force (Forward), Camp Pendleton, California.

Hospital Corpsman Second Class Jaime S. Jaenke

29, of Bay City, Wisconsin, died June 5, 2006, as a result of enemy action in Al Anbar province, Iraq. Doc Jaenke was assigned to Navy Mobile Construction Battalion 25 out of Ft. McCoy, WI, but she had moved back to Iowa Falls, IA, in July, 2005.

Hospital Corpsman 2nd Class Cesar O. Baez

37, of Pomona, California, died June 15, 2005, as a result of enemy small arms fire while conducting combat operations in al-Anbar province, Iraq. Doc Baez was assigned to 2nd Marine Division, II Marine Expeditionary Force (Forward).



OFFICE OF THE HOSPITAL CORPS

Director, Hospital Corps

FORCM PatrickPaul "PaP" C. Mangaran

Deputy Director, Hospital Corps

HMCM Hansen Lafoucade

Hospital Corps Planner - Lead

HMCM Leslie R. Giuy

Hospital Corps Planner

HMC Allen Ayers

Hospital Corps Planner

HMC Matt Malone

Executive Assistant to the FORCM

HMC Raymond T. Pomida

Public Affairs Chief

MCC John Grandin

Contact us:

U.S. Navy Bureau of Medicine and Surgery

7700 Arlington Blvd

Falls Church VA 22042

Phone: 703-681-8946

DoD

Safe Helpline

Sexual Assault Support for the DoD Community

safehelpline.org | 877-995-5247

text*55-247 (inside the U.S.)
202-470-5546 (outside the U.S.)

Live 1-on-1 Help | Worldwide 24/7
For CONFIDENTIAL victim assistance



*text your location for the nearest Sexual Assault Response Coordinator

PRODUCED BY THE DEFENSE HEALTH AGENCY

